

STATE  
OF  
GEORGIAApplication for  
RECORDS DISPOSITION STANDARDOFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISIONPAGE  
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1. Application Date Feb. 18, 1975		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received: MAR - 4 1975 Application No.: 310-A Date Completed: APR - 9 1975	
2. Agency Application No. DHR-DBP-13		3. AGENCY, Division, Subdivision & Administering Office Address Dept. of Human Resources Division of Benefits Payments Medicaid Section 47 Trinity Ave., Rm. 622-H Atlanta, Ga.		4. Person to Contact Joe Kimbrough	
5. Working Title Staff Supervisor		6. Tel. No. 656-4700			
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.					
8. Earliest & Latest Dates of Series 1970 to present		9. Exact Series Title To Amend Standard #310 MEDICAID NURSING HOME FINANCIAL REPORT FILES			
10. What is the function of the office in which this record series is created?  The Division of Benefits Payments is responsible for supervising and regulating assistance programs which provide to indigents in the State food and monetary assistance and/or medical care.  Medicaid Section has the responsibility to review for accuracy and approve for payment to State physicians, hospitals, rental agencies, ambulance services, nursing homes, and home health agencies all Medicaid claims filed for reimbursement for services rendered to welfare recipients in the State of Georgia; and to answer inquiries and correspondence regarding Medicaid claims.					
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).  Documents relating to maintaining annual financial statements of payments made to vendor nursing homes and to clarifying cost adjustments (supplementary or refunded payments) to the financial statements of cost adjustments (supplemental or refunded payments) to the financial statement.  Included are, but not limited to: Statement for Recipients of Medical and Health Care Payments (Internal Revenue Service Form 1099-MED, Copy C) identifying total annual amount of Medicaid dollars paid for medical and health care payments to nursing homes, nursing home name, address and Medicaid identification number; correspondence between nursing home and Medicaid Office relating to questions and adjustments to Medicaid claims; supporting documents for authorization of Medicaid assistance such as "Physicians' Recommendation  SEE ATTACHED SHEET ATTACH SAMPLES OF THE FILE					
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	
Letter-size File Drawers				6 15" Drwrs. 6	
Legal-size File Drawers				Floor Space Occupied (Square Feet)	
15 15" Power File Drawers			15	AVERAGE DAILY REFERENCES	
				This Year's Last Year's Preceding Year's All Prior Years	
				1 1 1 1	

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain.

YES NO.

13. Is this the Record Copy of the series? ☒ [X] ☐ [ ]  
**Selected information will be found in other Medicaid record series.**
14. Is there a duplication of this series in another office or agency? ☐ [ ] ☒ [X]
15. Is the information contained in this series ever summarized or published? ☐ [ ] ☒ [X]  
 Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? ☐ [ ] ☒ [X]
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [ ] ☒ [X]
18. Could the function be performed if the files were lost or destroyed? ☒ [X] ☐ [ ]
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [ ] ☒ [X]
20. Does the record series provide data as input to an EDP file? ☐ [ ] ☒ [X]
21. Does the record series contain documentation produced as EDP printout? ☐ [ ] ☒ [X]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? **See item #24.** ☒ [X] ☐ [ ]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [ ] ☒ [X]

24. **REQUIREMENTS.** The following requires the files to be kept 4 years: See item #24.  
 a. ☐ [ ] STATE LAW b. ☐ [ ] STATUTE OF LIMITATION c. ☐ [ ] AUDIT PERIOD d. ☐ [ ] FEDERAL LAW e. ☒ [X] ADMINISTRATIVE DECISION f. ☐ [ ] HISTORICAL VALUE  
 (Cite Law, Statute, or other reason for the retention requirement)

## SEE ATTACHED SHEET

25. **AGENCY RECOMMENDATIONS.** This agency recommends that the file series be cut off at the end of each ☒ [X] CALENDAR YEAR ☐ [ ] FISCAL YEAR ☐ [ ] OTHER \_\_\_\_\_, then:

- ☒ [X] Hold in the current files area 6 month(s)/\_\_\_\_\_ year(s):  
☒ [X] Transfer to ☒ [X] State Records Center ☐ [ ] Local Holding Area; hold 3½ year(s):  
☒ [X] Destroy. **NOTE:** These files may not be destroyed until all audit questions are resolved.  
☐ [ ] Transfer to State Archives for permanent retention.  
☐ [ ] Destroy immediately after cut-off.  
☐ [ ] Other: (Specify) \_\_\_\_\_

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William M. Dyer</i>	<i>Feb 29 1975</i>		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [ ] Disapproved	<i>Joe Kimbrough</i>	<i>5-19-75</i>
	State Auditor/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [ ] Disapproved	<i>William M. Dyer</i>	<i>4-8-75</i>
	Secretary of State/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [ ] Disapproved	<i>Capell Hart</i>	<i>4-4-75</i>
	Attorney General/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [ ] Disapproved	<i>R. H. Stuebel</i>	<i>4-9-75</i>

STATE RECORDS  
COMMITTEE

Department of Human Resources  
Division of Benefits Payments  
Medicaid Section  
47 Trinity Ave., Rm. 622-H  
Atlanta, Ga. 30334

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#11 (continued)

Concerning Nursing Home Care", (MA 1.6) identifying medicaid recipient's name, vital statistics, nursing home name and address, attending physician's name and address, recipient's authorization for release of medical information, physician's examination report and recommendations for nursing home care; "Nursing Home Departure List" identifying medicaid recipient's name, case number, date of admission to nursing home, length of stay, reason for leaving and nursing home name; and related material.

Files are arranged chronologically by year of report; thereunder alphabetically *by name of nursing home, name.*

#24

Federal Register Guide to Records Retention, March 21, 1974, Vol. 39, No 56, Part II, Page 10796, paragraph 5.60, State Agencies Administering Public Assistance Programs, "to maintain records on applicants and recipients, program operation, fiscal and statistical information, and other records necessary for reporting and accountability" and paragraph 5.61, State and Local Agencies Participating in Public Assistance Programs, "to maintain accounting and fiscal records relating to the expenditure of funds."

Retention period: As prescribed by the Secretary. 45 CFR 205.60 and CFR 205.145.

Three years from date of submission of expenditure report or until resolution of all audit questions.

Amended - # 310-A

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1. Application Date 10/24/72	<b>INSTRUCTION:</b> See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE Date Received: NOV 15 1972    Application No: 310    Date Completed: NOV 28 1972									
2. Agency Application No. DHR-56											
3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Medicaid Unit Room 641-H 47 Trinity Avenue Atlanta, Georgia 30334		4. Person to Contact  Glen A. Spurlock									
		5. Working Title Records Officer I	6. Tel. No. 656-4976								
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.											
8. Earliest & Latest Dates of Series 1967-date	9. Exact Series Title Nursing Home Medicaid Cost Files										
10. What is the function of the office in which this record series is created? The medicaid unit processes for payment to state physicians, hospitals, rental agencies, ambulance services, nursing homes and home health agencies medicaid claims filed for reimbursement for services rendered to welfare recipients of the State of Georgia and to pass on valid claims to the accounting office for payment.											
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). These files document the expenses incurred by the nursing home that are reimbursable through medicaid. The file includes, but is not limited to: 1. cost statements 2. financial statements 3. application for participation in the Georgia medicaid program. 4. civil rights participation instructions 5. safety instructions The files are arranged alphabetically by Nursing Homes.											
ATTACH SAMPLES OF THE FILE											
12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION								
Letter-size File Drawers			3								
Legal-size File Drawers			Floor Space Occupied (Square Feet)								
			28								
Transfer boxes	2	3	AVERAGE DAILY REFERENCES								
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>This Year's</th> <th>Last Year's</th> <th>Preceding Year's</th> <th>All Prior Years'</th> </tr> <tr> <td>24</td> <td>24</td> <td>1</td> <td>0</td> </tr> </table>	This Year's	Last Year's	Preceding Year's	All Prior Years'	24	24	1	0
This Year's	Last Year's	Preceding Year's	All Prior Years'								
24	24	1	0								

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain

13. Is this the Record Copy of the series? ☒ [ ]
14. Is there a duplication of this series in another office or agency? ☐ ☒
15. Is the information contained in this series ever summarized or published?  
Attach copy of summary or publication. ☐ ☒
16. Does the series contain classified information requiring security handling? ☐ ☒
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ ☒
18. Could the function be performed if the files were lost or destroyed? ☐ ☒
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ ☒
20. Does the record series provide data as input to an EDP file? ☐ ☒
21. Does the record series contain documentation produced as EDP printout? ☐ ☒
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☒ [ ]  
45 CFR 901.4
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ ☒

24. REQUIREMENTS. The following requires the files to be kept 3-5 years:

- a. ☐ STATE LAW    b. ☐ STATUTE OF LIMITATION    c. ☐ AUDIT PERIOD    d. ☒ FEDERAL LAW    e. ☐ ADMINISTRATIVE DECISION    f. ☐ HISTORICAL VALUE  
(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ CALENDAR YEAR ☒ FISCAL YEAR ☐ OTHER \_\_\_\_\_, then:

- ☒ Hold in the current files area \_\_\_\_\_ month(s)/ 1 year(s):  
☒ Transfer to ☒ State Records Center ☐ Local Holding Area; hold 2 year(s): If  
☒ Destroy. \_\_\_\_\_ audited; if not, hold for 4 years.  
☐ Transfer to State Archives for permanent retention.  
☐ Destroy immediately after cut-off.  
☐ Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

*Jack L. Moore*

Records Management Officer (Signature)		Date	OTHER REQUIRED SIGNATURES		DATE
<i>Alan A. Spaulock</i>		10/24/72			
26. Recommendations in paragraph 25 are:	Agency Head/Designee	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Alison A. Lachey</i>		10-20-72
	State Auditor/Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Dixon</i>		11-15-72
	Secretary of State/Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll Hart</i>		11-14-72
	Attorney General/Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Robert H. Hill</i>		11-22-72
STATE RECORDS COMMITTEE					